

<i>SERFF Tracking Number:</i>	<i>MUTM-127290851</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mutual of Omaha Insurance Company</i>	<i>State Tracking Number:</i>	<i>49154</i>
<i>Company Tracking Number:</i>	<i>ASHLEY WILLIAMS</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Long Term Care Advertising - ML11802_0311</i>		
<i>Project Name/Number:</i>	<i>Long Term Care Advertising /ML11802_0311</i>		

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: Long Term Care Advertising - SERFF Tr Num: MUTM-127290851 State: Arkansas
ML11802_0311

TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Filed-Closed State Tr Num: 49154

Sub-TOI: LTC03I.001 Qualified Co Tr Num: ASHLEY WILLIAMS State Status: Filed-Closed
Filing Type: Advertisement Reviewer(s): Stephanie Fowler, Harris Shearer

Author: Ashley Williams Disposition Date: 07/19/2011
Date Submitted: 06/28/2011 Disposition Status: Filed-Closed
Implementation Date:

Implementation Date Requested:
State Filing Description:

General Information

Project Name: Long Term Care Advertising
Project Number: ML11802_0311
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 07/19/2011
State Status Changed: 07/19/2011
Created By: Ashley Williams
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Ashley Williams
Filing Description:
NAIC #: 261-71412
FEIN #: 47-0246511
Mutual of Omaha Insurance Company
Long-Term Care Advertising
ML11802_0311

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

SERFF Tracking Number: MUTM-127290851 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 49154
Company Tracking Number: ASHLEY WILLIAMS
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Long Term Care Advertising - ML11802_0311
Project Name/Number: Long Term Care Advertising /ML11802_0311

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Corporate Compliance and Ethics Division
For Questions, please contact Carly Cole
Phone: 402-351-2476; Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

aw

Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com

Consultant

Mutual of Omaha 402-351-2476 [Phone]

Mutual of Omaha Plaza 402-351-5298 [FAX]

Omaha, NE 68175

Filing Company Information

Mutual of Omaha Insurance Company

CoCode: 71412

State of Domicile: Nebraska

Mutual of Omaha Plaza

Group Code: 261

Company Type: Health Insurance

Omaha, NE 68175

Group Name:

State ID Number:

(402) 351-6910 ext. [Phone]

FEIN Number: 47-0246511

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

SERFF Tracking Number: *MUTM-127290851* *State:* *Arkansas*
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Company Tracking Number: *ASHLEY WILLIAMS*
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$50.00	06/28/2011	49181409

SERFF Tracking Number:	MUTM-127290851	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	07/19/2011	07/19/2011

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Disposition

Disposition Date: 07/19/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Memorandum of Variability	Filed-Closed	Yes
Form	Letter	Filed-Closed	Yes

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Form Schedule

Lead Form Number: ML11802_0311

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed-	ML11802_0	Advertising Letter	Initial		0.000	ML11802_03
Closed	311					11.pdf
07/19/2011						

Introducing a New Employee Benefit

We're pleased to announce the addition of long-term care insurance to our employee benefits program. Soon, you will have the opportunity to apply for a long-term care insurance policy at **no cost to you**. If you choose to increase your coverage over what the company provides, any additional cost will be your responsibility.

The insurance also is being made available to your extended family members at their own expense. They will have the opportunity to apply for coverage and may be eligible to receive this policy at a premium which is lower than that available to the general public.

We know how hard you work to build your savings and plan for retirement. We also know that a long-term illness or injury may put those plans in jeopardy. Typically, health insurance, disability insurance and Medicare do not cover these types of long-term care services.

That's why we've invited a representative from Mutual of Omaha Insurance Company to talk to our employees about long-term care insurance. This is your opportunity to learn more about the program and ask questions. Then if you are interested in applying for coverage, you can schedule a no-obligation, one-on-one consultation with our Mutual of Omaha agent.*

[Agent Name] • [Agent Phone Number] • [Agent E-mail Address]

We value your contribution to the success of our company, and we're pleased to make this new employee benefit available to you.

Sincerely,

[Employer Name]

[Title]

P.S. Watch for the date and time of our long-term care information session to be announced soon.

Long-term care insurance is underwritten by Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. [1-800-775-6000]

Policy forms LTC09M-5ML, LTC09M-10ML (or state equivalent). In ID: LTC09M-5ML-ID, LTC09M-10ML-ID. In NC: LTC09M-5ML-NC, LTC09M-10ML-NC. In OK: LTC09M-5ML-OK, LTC09M-10ML-OK. In OR: LTC09M-5ML-OR, LTC09M-10ML-OR. In PA: LTC09M-5ML-PA, LTC09M-10ML-PA. In WA: LTC09M-5ML-WA, LTC09M-10ML-WA. For costs and further details of coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write the company. You may be contacted by telephone by an insurance agent.*

The long-term care benefits provided will be individual coverage, not group coverage.

ML11802_0311

*In WA, all references to agent should be replaced with producer.

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Memorandum of Variability	Filed-Closed	07/19/2011
Comments:			
Attachment:			
VM-ML11802_0311.pdf			

VARIABLE MATERIAL FOR ADVERTISING FORM ML11802_0311

The following information in the aforementioned advertisement is bracketed to denote variable material.

<u>Section</u>	<u>Explanation</u>
Middle of page,[Agent Name] [Agent Phone Number] [Agent Email]	Agent name sending the letter. Agent Phone Number will be the agent's phone number. Agent Email will be the agent's email address.
After sincerely, [Employer Name] [Title]	This will be the employer name and title of the person sending the letter
End of the underwriter information [1-800-775-6000]	The phone number is variable in case it changes in the future.